



# Child and Adult Care Food Program

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## **TO THE HOUSEHOLDS OF TIER II DAY CARE HOMES:**

Your child is enrolled in a Tier II day care home that participates in the U.S. Department of Agriculture's **CHILD & ADULT CARE FOOD PROGRAM**. Facilities that participate in the program receive financial assistance from the USDA to help cover the cost of serving nutritious meals and snacks to the children. Tier II day care homes may receive higher food reimbursement rates when caring for children of eligible families, which may help them maintain reasonably priced child care services.

### **THE INFORMATION YOU PROVIDE IS CONFIDENTIAL:**

***There will be no identification of children by qualification in day care homes in which meals are reimbursed at two reimbursement rates. The sponsoring organization will not make any eligibility information concerning individual households available to the day care home providers and will limit the use of such information to persons directly connected with the Sponsor's administration and enforcement of the Child & Adult Care Food Program.***

The USDA Regulations include the following requirements:

- Income eligibility information must be collected every year.
- Income information **MUST BE kept confidential** by the sponsoring organization and is to be used only by persons directly connected with the Sponsor's administration and enforcement of the Child & Adult Care Food Program.
- The completed Income Eligibility & Enrollment Form must be returned directly to the sponsoring organization of your day care provider.
- Meals must be provided at no separate charge and parents must not have to provide food for their child.
- Meals must meet food pattern requirements and each child must be served the required amount of each food group at all meals claimed for reimbursement. Children must be served the same meals within the same facility at no separate charge and without discrimination.

We are pleased to have you participate in the Montana Child & Adult Care Food Program.

Thank you,

Mary Musil, Program Manager  
Child and Adult Care Food Program

# How to Complete the Income Eligibility & Enrollment Form

Dear Parent or Guardian:

Please assist us in complying with the requirements of the USDA's Child & Adult Care Food Program (CACFP) by completing and promptly returning the attached **Income Eligibility & Enrollment Form**. This information will be kept on file and will be kept confidential by the sponsor of your day care provider. **PLEASE SEND THIS FORM DIRECTLY TO THE SPONSOR.**

**Section 1.** Complete if you participate in one of the following programs.

- Food Stamps
- State Paid Child Care
- Cash Assistance - TANF
- FDPIR
- WIC

Complete Section A of the attached form by filling in the **case number** and listing your **children's names and ages**, then **sign the form** where noted under Section 5 and include the date.

**Section 2.** Complete if you do not participate in the programs shown in Section 1.

- List all household members;
- List the ages of children enrolled for care next to their name;
- List all income received last month next to the name of the person who received it; and
- Sign the form in Section 5 and list **YOUR SOCIAL SECURITY NUMBER**.

**Section 3.** Complete if you have a foster child.

Complete the section, sign the form in Section 5, and include **YOUR SOCIAL SECURITY NUMBER**.

**Please complete the "Income Eligibility & Enrollment" Form and return it as promptly as possible to the Sponsor whose address is on the attached form.**

<b>USDA INCOME GUIDELINES</b>			
(Effective from July 1, 2007 through June 30, 2008)			
<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$18,889	\$ 1,575	\$ 364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional family member add:	+6,438	+537	+124

**NOTE: Please keep these Income Guidelines. DO NOT circle figures and return the Guidelines to your sponsor. You must report actual income on the Income Eligibility Form.**

*"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."*

**Income Eligibility & Enrollment Form**  
(July 1, 2007 through June 30, 2008)  
For Household with Children in Tier II Homes  
**CONFIDENTIAL INFORMATION**

08

**DO NOT GIVE THIS FORM TO YOUR CHILD  
CARE PROVIDER – MAIL DIRECTLY TO:**

**Sponsor:**

**Day Care Home Provider** \_\_\_\_\_ **Site#** \_\_\_\_\_  
**Address of Provider** \_\_\_\_\_  
**Provider's Phone Number** \_\_\_\_\_

**Please complete Section 1, 2, OR 3. Section 4 is optional, then complete Section 5 OR 6.**

**SECTION 1: Tier I Categorical Eligibility**

Please provide your Food Stamp, WIC, Cash Assistance – TANF, State-Assisted Child Care, or FDPIR case number on the line provided.

Case Number \_\_\_\_\_

Enrolled Child(ren)'s Name(s) and Age(s) \_\_\_\_\_

Food Stamps \_\_\_\_\_  
WIC \_\_\_\_\_  
Cash Assistance-TANF \_\_\_\_\_  
State Assisted Child Care \_\_\_\_\_  
FDPIR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: Income Eligibility (Please complete if Section I does not apply.)**

Please list **ALL** members of your household and their incomes. List **ALL** income received last month on the same line with the person who received it. You must list gross income **BEFORE** deductions for taxes, social security, etc. List each amount in the correct column.

A List all Household Members' First and Last Names	B Age of Enrolled Child	C Monthly Earnings from Work (Before Deductions)	D Monthly Child Support, Alimony, or Public Assistance	E Monthly Payments From Pensions, Retirement, or Social Security	F Other Income From IRS 1040 Income Statement

Total Number in Household \_\_\_\_\_ Total Household Income \_\_\_\_\_ by month  
(Monthly Income Conversion: Every 2 weeks: Multiply by 2.15. Twice a month: Multiply by 2. Weekly: Multiply by 4.33.)

**Section 3: Foster Child**

A foster child is considered a household of one and must have their personal income (if any) declared. The monthly stipend paid for the child's care is **not** the personal income of the foster child.

Name of Foster Child \_\_\_\_\_ Child's Personal Income \_\_\_\_\_

**Section 4:** Please check the racial or ethnic identity of your child(ren). This is not mandatory.

☐ White, not Hispanic ☐ Hispanic ☐ Black, not Hispanic ☐ Asian or Pacific Islander ☐ Native American or Alaskan Native

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

**Section 5: SIGN HERE**

Signature of Adult Household Member \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

**Social Security Number:** Federal Law (PL 97-35) requires you to list your Social Security Number as the parent or guardian who signs this form, before your child may be eligible for free or reduced priced meals. You do not have to give your Social Security Number, but failure to provide the number will result in denial of this application for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the information you report on this application. If incorrect information is discovered, a loss of benefits or legal action may occur.

**The information you have provided is confidential and must be sent to the Sponsor listed above.**

**Section 6: I May Decline to Provide Information**

**I choose not to provide information about my household size and income.**

Signature of Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_

**SPONSOR USE ONLY**

Number of Enrolled Children \_\_\_\_\_

Tier II Hi \_\_\_\_\_ Tier II Low \_\_\_\_\_

Signature of Sponsoring Organization Official \_\_\_\_\_

Date \_\_\_\_\_